



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
STATEMENT OF PERSON
CLAIMING REFUND
DUE A DECEASED TAXPAYER

Tax year decedent was due a refund:

Calendar year _____, or fiscal year beginning (mm/yr) _____, ending (mm/yr) _____

Type or print

Form with fields: Name of decedent, Name of claimant, Date of death, Social Security number, Number and street, No. & street (Permanent residence or domicile on the date of death), City or Town, State, and Zip Code, Apt. No.

Part I Check the box that applies to you. (Check only one box.) Be sure to sign and date in part III below.

- A. [] Surviving spouse, requesting reissuance of a refund check.
B. [] Personal representative appointed or certified by a court. Attach a court certificate showing your appointment.
C. [] Person, other than A or B, claiming refund for the decedent's estate. Complete Part II and attach a copy of the death certificate or proof of death.

Part II Complete this part only if you checked Box C above.

Table with 2 columns: YES, NO. Rows include questions about will, personal representative, and refund payment according to state laws.

Part III Signature and Verification. (All filers must complete this part.)

I request a refund of taxes overpaid by or on behalf of the decedent. I declare that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund Date

COMPLETE AND ATTACH TO TAX RETURN WHEN FILING.

Social Security Privacy Act

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax.